

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Osteopathic Information Association - Osteopathic Political Action Committee

ADDRESS (number and street) ▼

1090 Vermont Ave., NW

Suite 500

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00113803

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☒ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ronnie Martin D.O.

Signature of Treasurer

Ronnie Martin D.O.

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Osteopathic Information Association - Osteopathic Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
10 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		259657.07
(b) Cash on Hand at Beginning of Reporting Period.....	310898.93	
(c) Total Receipts (from Line 19)	37478.73	375591.10
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	348377.66	635248.17
7. Total Disbursements (from Line 31)	10894.11	297764.62
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	337483.55	337483.55
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Osteopathic Information Association - Osteopathic Political Action Committee

Report Covering the Period:

From:

M M /

D D /

Y Y Y Y Y

To:

M M /

D D /

Y Y Y Y Y

10

01

2015

10

31

2015

I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

34646.24

282844.74

(ii) Unitemized

2819.00

92631.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

37465.24

375475.74

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

37465.24

375475.74

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

13.49

115.36

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

37478.73

375591.10

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

37478.73

375591.10

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	3604.11	11569.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3604.11	11569.62
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5500.00	282180.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	1790.00	4015.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	1790.00	4015.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10894.11	297764.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10894.11	297764.62

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	37465.24	375475.74
34. Total Contribution Refunds (from Line 28(d))	1790.00	4015.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35675.24	371460.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	3604.11	11569.62
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	3604.11	11569.62

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 34
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Diana Ewert MPA, CAE

Mailing Address 142 E Ontario St

American Osteopathic Association

City

Chicago

State

IL

Zip Code

60611-2864

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Osteopathic Association

Occupation

Vice President, Affiliate Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

Transaction ID : 38614356

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. John H. Morrison Jr DO

Mailing Address 10641 Castlewood St

City

White Lake

State

MI

Zip Code

48386-3724

FEC ID number of contributing
federal political committee.

C

Name of Employer

John H Morrison Jr DO Pc

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : 38638025

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael G. Hunt DO

Mailing Address 15 Country Club Close

City

Orange

State

CT

Zip Code

06477-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2015

Transaction ID : 38646468

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 34

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Laura Wooster

Mailing Address 1090 Vermont Ave. NW Ste. 500

City

Washington

State

DC

Zip Code

20005-4905

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Osteopathic Association

Occupation

Vice President, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		19		2015

Transaction ID : 38665372

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Richard R. Thacker DO, FACOI

Mailing Address 9381 Wintercreek Ct

City

Tallahassee

State

FL

Zip Code

32309-7299

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		13		2015

Transaction ID : 38690852

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

c. Robert Ellis Sanders DO, DPH

Mailing Address PO Box 37

City

Lavaca

State

AR

Zip Code

72941-0037

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lavaca Wellness Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		13		2015

Transaction ID : 38690853

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1200.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. William D. Strampel DO

Mailing Address 965 Fee Rd Rm A309 East Fee Hall

City State Zip Code
 East Lansing MI 48824-6581

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Michigan State University, College of

Occupation
 Dean

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1953.12

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 13 / 2015

Transaction ID : 38690854

Amount of Each Receipt this Period

1015.62

Full Name (Last, First, Middle Initial)

B. Catherine A. Galligan

Mailing Address 142 E Ontario St Fl 2

City State Zip Code
 Chicago IL 60611-5402

FEC ID number of contributing
federal political committee.

C

Name of Employer
 American Osteopathic Association

Occupation
 Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 20 / 2015

Transaction ID : 38690856

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Vanessa S. Vinn DO

Mailing Address 2020 Santa Ana Ave Apt K

City State Zip Code
 Costa Mesa CA 92627-1875

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 20 / 2015

Transaction ID : 38690857

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2015.62

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 34

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. David J. Park DO

Mailing Address 7205 Barton Creek Ct

City

Las Vegas

State

NV

Zip Code

89113-3090

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Transaction ID : 38690858

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Frank M. Tursi DO

Mailing Address 5637 Peach St

Medical Associates of Erie

City

Erie

State

PA

Zip Code

16509-2605

FEC ID number of contributing
federal political committee.

C

Name of Employer

POMA

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Transaction ID : 38690863

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ernest R. Gelb DO

Mailing Address 533 Bodle Rd

City

Wyoming

State

PA

Zip Code

18644-6019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Transaction ID : 38690864

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

850.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 34
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephen J. Miller DO, MPH

Mailing Address 445 Health Sciences Blvd

Alabama College of Osteopathic Med

City

Dothan

State

AL

Zip Code

36303-6904

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Transaction ID : 38690865

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Valerie A. Kupferer DO

Mailing Address 628 N 14th St

City

Murphysboro

State

IL

Zip Code

62966-1807

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Horizons Obstetrics & Gynecology

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Transaction ID : 38690866

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. William Blazey DO

Mailing Address 3311 Bay Front Dr

City

Baldwin

State

NY

Zip Code

11510-5103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Transaction ID : 38690867

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

1700.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 34

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. LT Alissa P. Craft DO, MBAMailing Address 142 E Ontario Fl 6
AOA

City	State	Zip Code
Chicago	IL	60611-8710

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Transaction ID : 38690868

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Stephen M. Swetech DO, FACOPFMailing Address 43600 Garfield Rd
Stephen M. Swetech, DO, Med. Ctr.,

City	State	Zip Code
Clinton Township	MI	48038-1120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Transaction ID : 38690869

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

c. Dewey Ralph McAfee DO, RPHMailing Address PO Box 848
McAfee Medical Clinic

City	State	Zip Code
Beebe	AR	72012-0848

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Transaction ID : 38690870

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2875.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 34

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rebecca D. Lewis DO

Mailing Address 3406 Cheyenne Dr

City

Woodward

State

OK

Zip Code

73801-1820

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

262.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Transaction ID : 38690871

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. J. Wieting DO, MEd

Mailing Address 309 Norris Dr

City

Tazewell

State

TN

Zip Code

37879-4571

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 38690901

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr. Stephen E. Weis

Mailing Address 721 Oakmont Ln., N.

City

Fort Worth

State

TX

Zip Code

76112-1033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : 38690902

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1200.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey Gastorf DO

Mailing Address 239 Eaglelake Dr

City

State

Zip Code

Durant

OK

74701-7421

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 21 / 2015

Transaction ID : 38690903

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Larry A. Wickless DO

Mailing Address 928 Indian Beach Dr

City

State

Zip Code

Sarasota

FL

34234-7350

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

10 / 21 / 2015

Transaction ID : 38690904

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Mark A. Baker DO

Mailing Address 6317 Pamlico Rd

City

State

Zip Code

Fort Worth

TX

76116-1630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

10 / 17 / 2015

Transaction ID : 38691101

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 34

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Aramis A. Bermudez DO

Mailing Address 5-02 Summit Ave

City

Fair Lawn

State

NJ

Zip Code

07410-2162

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		18		2015

Transaction ID : 38691103

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Natasha N. Bray DO

Mailing Address PO Box 10366

Arkansas Colleges of Health Educat

City

Fort Smith

State

AR

Zip Code

72917-0366

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		18		2015

Transaction ID : 38691104

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. William J. Burke DO, FACOFP

Mailing Address 1277 Harrison Pond Dr

City

New Albany

State

OH

Zip Code

43054-9552

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio University Heritage College of Os

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		17		2015

Transaction ID : 38691105

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Boyd R. Buser DO

Mailing Address 147 Sycamore Street

City State Zip Code
Pikeville KY 41501-9118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Pikeville-Ky Com

Occupation

Vice President and Dean

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 17 2015

Transaction ID : 38691106

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John Casey DO, MA

Mailing Address 5156 Baker Ridge Dr

City State Zip Code
Columbus OH 43228-1794

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 17 2015

Transaction ID : 38691108

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

c. Charles A. Johnson DO

Mailing Address 31 Elm St

City State Zip Code
Saugerties NY 12477-1003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lambertville Family Physicians

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 17 2015

Transaction ID : 38691121

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christopher P. Johnson DO

Mailing Address 22445 Solo Runway SE

City
Deming

State
NM

Zip Code
88030-1815

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 17 / 2015

Transaction ID : 38691122

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Steven D. Kamajian DO

Mailing Address 2103 Montrose Ave Ste E

City
Montrose

State
CA

Zip Code
91020-1546

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 17 / 2015

Transaction ID : 38691123

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Harvey Lewit DO

Mailing Address 142 Laurel Hill Ter Apt 4F

City
New York

State
NY

Zip Code
10040-4615

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 18 / 2015

Transaction ID : 38691128

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Craig L. Magnatta DO

Mailing Address 385 N Lapeer Rd

Oxford Family Practice

City

Oxford

State

MI

Zip Code

48371-3610

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2015

Transaction ID : 38691130

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. William S. Mayo DO

Mailing Address PO Box 1393

City

Oxford

State

MS

Zip Code

38655-1393

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2015

Transaction ID : 38691131

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dewey Ralph McAfee DO, RPH

Mailing Address PO Box 848

McAfee Medical Clinic

City

Beebe

State

AR

Zip Code

72012-0848

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2015

Transaction ID : 38691132

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Anne E. Musser DO, MS

Mailing Address 10400 Hillside Dr

City

Anchorage

State

AK

Zip Code

99507-6203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 17 / 2015

Transaction ID : 38691136

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Geraldine T. O'Shea DO

Mailing Address 235 New York Ranch Rd
Ste B

City

Jackson

State

CA

Zip Code

95642-2173

FEC ID number of contributing
federal political committee.

C

Name of Employer

Foothills Women's Medical Ctr

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

10 / 17 / 2015

Transaction ID : 38691140

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Clara Lee Parks DO

Mailing Address 500 Porterford Rd

City

Union

State

MO

Zip Code

63084-2025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 17 / 2015

Transaction ID : 38691143

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. George J. Pasquarello DO

Mailing Address 1351 S County Trl Bldg 1

East Greenwich Spine and Sport

City

East Greenwich

State

RI

Zip Code

02818-5105

FEC ID number of contributing
federal political committee.

C

Name of Employer

RISOPS

Occupation

President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 17 / 2015

Transaction ID : 38691144

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Robert G G Piccinini DO

Mailing Address 15220 Windmill Dr

City

Macomb

State

MI

Zip Code

48044-4927

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

10 / 17 / 2015

Transaction ID : 38691146

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

c. Robert G G Piccinini DO

Mailing Address 15220 Windmill Dr

City

Macomb

State

MI

Zip Code

48044-4927

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

10 / 17 / 2015

Transaction ID : 38691147

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1950.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. David A. Plundo DO, MPH, F

Mailing Address 910 S Donahue Dr

City

Auburn

State

AL

Zip Code

36832-2975

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

10 / 17 / 2015

Transaction ID : 38691148

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Terri L. Plundo DO

Mailing Address 910 S Donahue Dr

City

Auburn

State

AL

Zip Code

36832-2975

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

10 / 17 / 2015

Transaction ID : 38691149

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Guillermo A. Santos DO

Mailing Address 230 Park St

City

Miami

State

FL

Zip Code

33166-4452

FEC ID number of contributing
federal political committee.

C

Name of Employer

Miami Springs Ambulatory Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 18 / 2015

Transaction ID : 38691152

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sherri L. Wise

Mailing Address 8801 S Yale Ave
Ste 400

City State Zip Code
Tulsa OK 74137-3539

FEC ID number of contributing
federal political committee.

C

Name of Employer
Osteopathic Founders Foundation

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2015

Transaction ID : 38691158

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Joseph M. Yasso Jr DO

Mailing Address 3513 NW Primrose Ln

City State Zip Code
Lees Summit MO 64064-1885

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2015

Transaction ID : 38691159

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Joshua L. Prober JD

Mailing Address 142 E Ontario St

City State Zip Code
Chicago IL 60611-2874

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Osteopathic Association

Occupation
General Counsel, Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2015

Transaction ID : 38691161

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Larry W. Anderson DO

Mailing Address 81 Northside Dawson Dr Ste 205

City State Zip Code
Dawsonville GA 30534-7169

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anderson Family Medicine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : 38710328

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Steve G. Bander DO, MS

Mailing Address 791 S Highway 78

City State Zip Code
Wylie TX 75098-4004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : 38710329

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Michelina DeSanti DO

Mailing Address 47 Deire Dr

City State Zip Code
Sparta NJ 07871-1136

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : 38710330

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

325.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 34
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jerome A. Dixon DO

Mailing Address 150 W Bear Track Rd

City State Zip Code
 Campbellsville KY 42718-8709

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CrossRoads Family Medicine

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 30 2015

Transaction ID : 38710331

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Daniel V. Freeland DO

Mailing Address 1008 RR 620 Ste 200
 Bee Cave Family Practice

City State Zip Code
 Lakeway TX 78734-5633

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self Employed

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 30 2015

Transaction ID : 38710332

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Jeffrey S. Grove DO

Mailing Address 12020 Seminole Blvd
 Suncoast Family Medical Associates

City State Zip Code
 Largo FL 33778-2805

FEC ID number of contributing
federal political committee.

C

Name of Employer
 FOMA

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 30 2015

Transaction ID : 38710333

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1475.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Teresa A. Hubka DO, FACOOG

Mailing Address 1432 W Wolfram St

City

Chicago

State

IL

Zip Code

60657-4117

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACCOG

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : 38710334

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Joel A. Kase DO, MPH

Mailing Address 15 Fieldstone Dr

City

N Yarmouth

State

ME

Zip Code

04097-6745

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : 38710335

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Anita E. Kozlowski DO

Mailing Address 18 Pump House Ln

City

Ringtown

State

PA

Zip Code

17967-9787

FEC ID number of contributing
federal political committee.

C

Name of Employer

Geisinger Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : 38710336

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas W. Kupferer DO

Mailing Address 628 N 14th St

Murphysboro Family Medicine Clinic

City

Murphysboro

State

IL

Zip Code

62966-1807

FEC ID number of contributing
federal political committee.

C

Name of Employer

Murphysboro Family Medicine Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : 38710337

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Mark A. Mitchell DO

Mailing Address 225 N Columbus Dr Unit 7606

City

Chicago

State

IL

Zip Code

60601-5266

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : 38710338

Amount of Each Receipt this Period

140.00

Full Name (Last, First, Middle Initial)

c. Ira P. Monka DO

Mailing Address 11 Saddle Rd

City

Cedar Knolls

State

NJ

Zip Code

07927-1901

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Medical Institute of New Jersey

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : 38710339

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

790.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 26 OF 34
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kelsey Raye Nylander DO

Mailing Address 120 N Range Rd

City

Springfield

State

MN

Zip Code

56087-2004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : 38710340

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Elizabeth A. Palmarozzi DO, FACOFP

Mailing Address 301 Wire Rd Ste 205

City

Auburn

State

AL

Zip Code

36849-5419

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vcom-Auburn

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : 38710341

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Steven Fredric Rubin DO, FACOFP

Mailing Address 805 Minogue Ter

City

Paramus

State

NJ

Zip Code

07652-3800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : 38710342

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

325.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 27 OF 34
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. William D. Strampel DO

Mailing Address 965 Fee Rd Rm A309 East Fee Hall

City	State	Zip Code
East Lansing	MI	48824-6581

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan State University, College ofOccupation
Dean

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2968.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : 38710343

Amount of Each Receipt this Period

1015.62

Full Name (Last, First, Middle Initial)

B. Layne E. Subera DO

Mailing Address 3809 W 168 St N

City	State	Zip Code
Skiatook	OK	74070-9444

FEC ID number of contributing
federal political committee.

C

Name of Employer
OOAOccupation
President-Elect

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : 38710344

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Antonios J. Tsompanidis DO, FACP

Mailing Address 1 Bethany Rd Ste 79

City	State	Zip Code
Hazlet	NJ	07730-1668

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : 38710345

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1465.62

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 34

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Susan L. Volpicella-Levy DO

Mailing Address 261 Old Hook Rd

City

Westwood

State

NJ

Zip Code

07675-3102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : 38710346

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Henry L. Wehrum DO

Mailing Address 985 W 3rd Ave

Dennison Renal Care Inc

City

Columbus

State

OH

Zip Code

43212-3109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : 38710347

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

c. Joseph M. Yasso Jr DO

Mailing Address 3513 NW Primrose Ln

City

Lees Summit

State

MO

Zip Code

64064-1885

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : 38710348

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 29 OF 34
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeff Heatherington LHDMailing Address 825 NE Multnomah St Ste 300
Familycare, Inc.

City	State	Zip Code
Portland	OR	97232-2157

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2015

Transaction ID : 38756263

Amount of Each Receipt this Period

2500.00

Inkind Contribution - Raffle Prize

Full Name (Last, First, Middle Initial)

B. Daniel J. Callan DO, MPH

Mailing Address 125 Sikwa Trl

City	State	Zip Code
Vonore	TN	37885-2679

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Force Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : 38778357

Amount of Each Receipt this Period

0.00

[MEMO ITEM]Refund(s) on Schedule B Totaling \$1665.00 This
changes the YTD Total to \$0.00

Full Name (Last, First, Middle Initial)

C. Jon F. WillsMailing Address PO Box 8130
53 W. Third Ave

City	State	Zip Code
Columbus	OH	43201-0130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ohio Osteopathic Assn

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : 38778358

Amount of Each Receipt this Period

0.00

[MEMO ITEM]Refund(s) on Schedule B Totaling \$125.00 This
changes the YTD Total to \$625.00**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

34646.24

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 34

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeff Heatherington LHDMailing Address 825 NE Multnomah St Ste 300
Familycare, Inc.

City Portland State OR Zip Code 97232-2157

Purpose of Disbursement
Inkind Contribution - Raffle Prize

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 18 2015**Transaction ID : 38756262**

Amount of Each Disbursement this Period

2500.00

Inkind Contribution - Raffle Prize

Full Name (Last, First, Middle Initial)

B. PayPal, Inc.

Mailing Address 4100 Solutions Center

City Chicago State IL Zip Code 60677-4001

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

001

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 30 2015**Transaction ID : 38762950**

Amount of Each Disbursement this Period

62.44

Credit card processing fees

Full Name (Last, First, Middle Initial)

C. Square, Inc.Mailing Address 1455 Market Street
Suite 600

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

001

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 19 2015**Transaction ID : 38762951**

Amount of Each Disbursement this Period

417.13

Credit card processing fees

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2979.57

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Osteopathic Information Association - Osteopathic Political Action Committee

A. Heartland Card Services

The figure shows three digital displays arranged horizontally, separated by slashes (/). The first display shows "M M" at the top and "10" below it. The second display shows "D D" at the top and "01" below it. The third display shows "Y Y Y Y" at the top and "2015" below it.

001

322.30

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Credit card processing fees

B. PayPal, Inc.

001

30.00

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Credit card processing fees

C. American Express

001

254.46

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Credit card processing fees

606.76

3586.33

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Grassley Committee, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Mailing Address PO Box 1000

City	State	Zip Code
Des Moines	IA	50304

Transaction ID : 38646349Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

Sen. Charles E. GrassleyCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Contribution

State: IA

District:

Full Name (Last, First, Middle Initial)

B. George Holding For Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Mailing Address PO Box 97187

City	State	Zip Code
Raleigh	NC	27624

Transaction ID : 38646350Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

Rep. George HoldingCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Contribution

State: NC

District: 13

Full Name (Last, First, Middle Initial)

C. Friends of Joe Pitts

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Mailing Address PO Box 775

City	State	Zip Code
Unionville	PA	19375

Transaction ID : 38646351Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

2500.00

Candidate Name

Rep. Joseph R. PittsCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Contribution

State: PA

District: 16

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Becerra for Congress

Mailing Address P.O. Box 71584

City	State	Zip Code
Los Angeles	CA	90071

Purpose of Disbursement
Contribution

Candidate Name

Rep. Xavier BecerraOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 34

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : 38646352

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

5500.00
